

AC LOG OF REFERRALS

MVA FORM AC-5

The *AC Log of Referrals*, **MVA Form AC-5** is **required to be maintained** by each Application Center to record referrals of those individuals that the AC cannot accommodate within the **five (5) working-day** time frame for a Medicaid interview. The log of referrals is also used to document those individuals referred to other agencies for assistance, for example, the Social Security Administration.

Completing the Form: Complete the AC name, AC ID number, and the month and year in which the referrals are being made. If it is necessary to use multiple sheets to document the referrals to the appropriate agency or organization, please number each page. **Each item shall be completed as follows to document the referrals:**

Applicant Name/Telephone Number: Enter the name of the individual and his or her telephone number.

Initial Contact Date: Enter the month, day, and year the individual **first** contacts the AC to request Medicaid coverage.

Referred To: Enter the Medicaid Office or other agency or organization to which the individual is referred. Enter the date referred.

AC Representative: Enter the name of the AC Representative making the referral.

Signature of Application Center Official: Each completed log must be signed and dated by the AC staff person responsible for overseeing the Application Center Program.

Maintaining File Records: The completed *AC Log of Referrals* shall be maintained on file at the AC for a minimum of **five (5) years**. Any record being reviewed or under litigation must be maintained until completion and/or finalization of the audit or lawsuit.